

DEPARTMENT OF HEALTH SERVICES

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November 16, 2001

CHDP Provider Information Notice No.: 01-08

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM PROVIDERS

SUBJECT: INFLUENZA VACCINE – REIMBURSEMENT OF VACCINE COST AND
ADMINISTRATION FEE FOR CHILDREN AT HIGH RISK OF
COMPLICATIONS FROM INFLUENZA

The purpose of this Information Notice is to advise you that the CHDP program will reimburse CHDP providers for both the cost of influenza vaccine and an administration fee when influenza vaccine is administered to individuals who are at high risk of serious complications from influenza infections and the vaccine is not available through the Vaccine for Children's (VFC) Program.

Effective November 15, 2001, the influenza vaccine is payable through CHDP for children six months to 18 years 11 months of age who are at high risk of complications from influenza when the vaccine is not available through VFC. As a reminder, children at high risk under nine years of age who have not been previously immunized are to receive two doses of influenza vaccine at least one month apart.

When the vaccine is not available through VFC, you are to bill the CHDP Program using CHDP Service Code 54, and indicate in the Comments/Problems box of the Confidential Screening/Billing Report (PM160) **"Influenza Vaccine not available through VFC."** The CHDP program will continue to reimburse both the cost of the influenza vaccine and an administration fee when the vaccine is administered to Medi-Cal beneficiaries 19 through 20 years 11 months of age who are at high risk of serious complications from influenza.

The maximum reimbursement rate for Influenza Vaccine, Purchases, Code 54 is \$13.76. Please refer to the most current Vaccine Table which is enclosed. If you have any questions, please contact your local CHDP Program.

Original Signed by Elizabeth H. Lyman for Maridee A. Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

CHDP VACCINE BENEFIT AND REIMBURSEMENT TABLE, EFFECTIVE 11/15/01

VACCINE	VACCINE SOURCE	PM 160 CODE	AGE RANGE	RATE ¹	COMMENT REQUIRED
DTaP	VFC	45	2 months through 6 years, 11 months	\$ 9.00	
DT Pediatric	Purchased	59	2 months through 6 years, 11 months	\$10.93	
Td Adult	Purchased	60	7 years through 20 years, 11 months	\$10.93	
Hepatitis A	VFC (Pediatric)	65	2 years through 18 years, 11 months	\$ 9.00	
	Purchased (Adult)	66	19 years through 20 years, 11 months	\$65.48	
HBIG ²	Purchased	41 + 57	newborn through 20 years, 11 months	\$168.12	Reason for administration
Hepatitis B/ Hib Combination	VFC	56	2 months through 4 years, 11 months	\$ 9.00	
Hepatitis B Lower Dose (Pediatric/Adolescent)	VFC	40	newborn through 18 years, 11 months	\$ 9.00	
Hepatitis B Higher Dose (Adult)	VFC	42	11 years through 15 years, 11 months ³	\$ 9.00	(Use this code for 2 dose adolescent schedule)
Hepatitis B	Purchased	51	19 years through 20 years, 11 months	\$38.17	
Hib	VFC	38	2 months through 18 years, 11 months	\$ 9.00	High risk factor, if older than 5 years
	Purchased	63	19 years through 20 years, 11 months	\$16.82	High risk factor
Influenza	VFC	53	6 months through 18 years, 11 months	\$ 9.00	High risk factor
	Purchased	54	6 months through 20 years, 11 months	\$13.76	High risk factor
MMR	VFC	33	12 months through 18 years, 11 months	\$ 9.00	
	Purchased	48	19 years through 20 years, 11 months	\$38.27	
Measles ⁴	Purchased	34	12 months through 20 years, 11 months ⁵	\$21.29	Reason for administration
Polio – Inactivated	VFC	39	2 months through 18 years, 11 months	\$ 9.00	
	Purchased	64	19 years through 20 years, 11 months	\$29.84	High risk factor
Pneumococcal Polysaccharide(23PS)	Purchased	55	2 years through 20 years, 11 months	\$20.74	High risk factor
Pneumococcal, hepta-valent (Prevnar)	VFC	67	1 month through 4 years, 11 months	\$9.00	
Rubella ⁶	Purchased	36	12 months through 20 years, 11 months	\$24.50	Reason for administration
Varicella	VFC	46	12 months through 18 years, 11 months ⁷	\$ 9.00	
	Purchased	52	19 years through 20 years, 11 months	\$48.94	Includes those born before 1/1/83, not VFC high risk

1. Total reimbursement, includes administration fee.

2. Only for infants with HBsAg (+) mothers and for children exposed to known/suspected HBsAg (+) blood /tissue fluids.

3. Adolescent two dose immunization schedule, currently approved for age 11 years through 15 years, 11 months.

4. For individuals with a contraindication to rubella or mumps vaccine.

5. Measles vaccine (or, if not available, MMR) is recommended in children as young as 6 months, in outbreak situations.

6. For individuals with a contraindication to measles or mumps vaccine.

7. Youth with date of birth before 1/1/83 must be in close contact with persons at high risk of complications from varicella.